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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495410 | (X2) DATE SURVEY COMPLETED 11/16/2016 |
| NAME OF PROVIDER OR SUPPLIER ARLEIGH BURKE PAVILION | | STREET ADDRESS, CITY, STATE, ZIP CODE 1739 KIRBY ROAD MC LEAN, VA 22101 | |

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F 000 INITIAL COMMENTS

An unannounced Medicare/Medicaid standard survey was conducted 11/15/16 through 11/16/16. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow.

The census in this 49 certified bed facility was 46 at the time of the survey. The survey sample consisted of 11 current Resident reviews (Residents 1 through 11) and 4 closed record reviews (Residents 12 through 15).

F 371 483.35(i) FOOD PROCURE,
SS=E STORE/PREPARE/SERVE - SANITARY

The facility must -
(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and
(2) Store, prepare, distribute and serve food under sanitary conditions

This REQUIREMENT is not met as evidenced by:
Based on observation, staff interview, and facility document review it was determined that the facility staff failed to store food in a safe manner and failed to ensure areas in the kitchen were free of pests.

The facility staff failed to label and date cheddar cheese when opened.

F 000

F371

12/20/16

The bag of shredded cheese was discarded on 11/15/16.

A facility wide audit of all refrigerators and food storage areas has been completed with no additional infractions noted.

F 371

The facility policy and procedure related to food storage has been reviewed. All facility personnel responsible for labeling and dating of food have been in-serviced on proper food storage protocols.

All refrigerators and/or food storage equipment will be monitored as part of day and evening shift rounds by the dietary service manager and/or designee. In addition, a monthly audit will be performed by the Director of Dietary Services. Any infractions noted will be reported to the QAPI committee for further monitoring and evaluation.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
| <i>[Signature]</i> | Administrator | 11/22/16 |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 371 | Continued From page 1 The findings include: Observation was made of the kitchen on 11/15/16 at 7:35 a.m. accompanied by other staff member (OSM) #3, the dietary manager. The walk in refrigerator was observed. A five pound bag of shredded cheddar cheese was two thirds gone. The package was wrapped with plastic wrap. There was no label or date of when the package was opened. OSM #3 looked at the package and stated it didn't have a date when opened. He read another label that stated it had been delivered on 11/7/16. When asked how long it was good for, OSM #3 stated, "Seven days." OSM #3, was asked if the cheese was still good, since the cheese was delivered on 11/7/16 and there is no date of when it was opened. OSM #3 stated, "You are correct. It has to be thrown away because seven days since delivery is yesterday and since we don't know when it was opened, it must be discarded." The facility policy, "Labeling & Dating of All Food Items" documented in part, "Policy: All food items will be properly labeled and dated. Procedure: When any food item is opened or removed from the freezer, a proper label must be attached with that days date and the proper use by date using the following chart: Refrigerator - Grocery items open - 7 days" The administrator and director of nursing were made aware of the above findings on 11/15/16 at 4:25 p.m. | F 371 | F469 | 12/20/16 | |
| | | | The facility dishroom was treated appropriately under the pest control program documentation. Any openings in the drywall or tile noted in the dishroom were corrected on 11/16/16. A facility wide audit has been completed and no additional infractions were noted. The facility has evaluated its pest control program, including responsiveness of the contractor. In addition the facility has evaluated the kitchen cleaning schedule and made changes by development of cleaning logs to support daily, weekly and monthly cleaning schedules. All personnel responsible for the pest control program and kitchen cleaning schedules have been in-serviced. All cleaning schedules and kitchen equipment will be monitored as part of day and evening shift rounds by the dietary service manager and/or | | |

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| F 371 | Continued From page 2 | F 371 | | | |
| F 469 | <p>No further information was provided prior to exit.</p> <p>483.70(h)(4) MAINTAINS EFFECTIVE PEST CONTROL PROGRAM</p> <p>SS=E</p> <p>The facility must maintain an effective pest control program so that the facility is free of pests and rodents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and review of facility documentation it was determined the facility staff failed to have an effective pest control program in the kitchen of the facility, as evidenced by observation of a live roach in the kitchen trash can.</p> <p>The findings include:</p> <p>Observation was made on 11/15/16 at 7:40 a.m. of the dish room. A live roach, approximately one inch in length, not including antennae, was found crawling on top of the trash in the trash can.</p> <p>OSM #7, a dietary employee, was in the area. She yelled for OSM #3, the dietary manager. When asked if she had seen any other roaches, OSM #7 stated, "I saw one yesterday crawling on the wall (pointing to the area above the sink and where dish racks were stored) but I washed him down the drain." When asked what she is supposed to do if she sees any bugs, OSM #7 stated, "I tell (OSM #3)." When asked if she told him about the roach yesterday, OSM #7 stated, "No."</p> | F 469 | <p>designee to ensure that standards and criteria are met. In addition, a monthly audit of the kitchen equipment and cleaning logs will be performed by the Director of Dietary Services. Monthly monitoring of the facility's pest control program will be completed by the Director of Facilities. Any infractions noted will be reported to the QAPI committee for further monitoring and evaluation.</p> | | |

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F 469

Further observation of the dish room revealed the drain traps located near the floor of the room with open drywall around the drain traps. There was an open area of drywall above the right corner of the sink area, next to where the dishwasher dish racks are stored. This area was approximately seven inches by four inches. There were two cardboard bug traps found in the dish room, one at opposite corners of each other. Both were collapsed and were soaking wet with water.

The pest sighting book in the kitchen was reviewed. There was documentation of the roaches in the kitchen/dish room on 4/22/16, 6/7/16, 10/5/16 and 10/12/16. A note was made on the 10/12/16 sighting "Requested upgraded treatment."

The pest control receipts were reviewed and documented the following:
 "7/20/16 - Did not document the kitchen having been treated.
 7/29/16 - Roaches in kitchen/dining area. Baited requested for roaches.
 8/9/16 - Night Service - Dietary in its entirety.
 8/17/16 - No documentation of the kitchen being treated
 9/13/16 - Night Service - Dietary in its entirety
 9/21/16 - Kitchen not documented as treated.
 9/27/16 - Not the building that the kitchen was in.
 10/3/16 - Roaches - kitchen, office, dish wash area.
 10/11/16 - Night Service - Dietary in its entirety.
 10/12/16 - Service for Roaches - time 9:00 p.m. Dietary in its entirety. A note documented, "Treated for roaches. There was food found to be left out on trays. Trays were being brought in from the rooms while we were onsite for

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| F 469 | Continued From page 4 treatment. Please keep in mind this is a calling card for roaches. We did not see any live roaches; however, we did see egress areas around the pipe chases. Suggest better cleaning around the corners in the prep area and the dishwashing room." 10/19/16 - Kitchen not documented as treated. 10/25/16 - Night service - Kitchen not documented. 10/26/16 - Not the building in which the kitchen was in. 11/8/16 - Not the building in which the kitchen was in. 11/8/16 - Night Service - Treated all areas, kitchen, lobby etc. Treated for roaches. 11/15/16 - 8:46 a.m. Roaches. Dishwashing area. State Inspector on site. Baited for roaches in pot wash areas. Inspected the rest of the kitchen." An interview was conducted with OSM #8, the pest control employee, on 11/15/16 at 9:45 a.m. He stated he had re-baited the kitchen and dish room. He stated he comes every second Tuesday in the middle of the night to do the treatment. When asked if he had seen any more roaches on his inspection of the kitchen, he stated he had not. The facility policy, "Pest Control" documented in part, "Policy: If pests are seen in the kitchen, the food service manager or appropriate staff shall be informed, describing where the pest was seen and when. Appropriate action will be taken to eliminate any reported pest situation in the department. Procedure: 1. The contractor comes in to complete preventative spray treatments at the appointed times. 2. If a pest situation is reported, the contractor comes in to spray at the appointed times. The contractor will document | F 469 | | | |

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| F 469 | Continued From page 5 the visit along with action taken. 3. If the contractor chemically treats the kitchen, all dishes, pots pans, toasters, blenders, food processors, and other equipment must be covered. If these items are not covered during treatment, they must be washed and sanitized prior to use. 4. The contractor chemically treats the kitchen only after receiving consent from the food service manager. 5. Any pest traps in the kitchen area will be monitored every shift and disposed of according to the contractor's specifications." The administrator and director of nursing were made aware of these findings on 11/15/16 at 4:25 p.m. No further information was provided prior to exit. | F 469 | | |

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